



COMPLAINT INQUIRY
NORTH DAKOTA DEPARTMENT OF LABOR
SFN 52114 (Rev. 02-2004)

North Dakota Department of Labor
600 E Boulevard Ave Dept 406
Bismarck ND 58505-0340
(701) 328-2660
ND Toll-Free 1-800-582-8032
FAX (701) 328-2031

ALL BLANKS MUST BE COMPLETED

Number: (For Labor Dept. Use Only)

COMPLAINANT INFORMATION

Name:	Do you wish to remain anonymous if possible? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address:	City:	State:	Zip Code:
Daytime Telephone Number: <input type="checkbox"/> Home <input type="checkbox"/> Work	Signature:		

EMPLOYER INFORMATION

Employer/Company Name:	Owner/Manager Name:		
Street Address:	City:	State:	Zip Code:
Telephone Number:	Person to Contact: (If different from owner/manager)		

Describe the Situation: (Be as specific as possible - include names, dates, places, etc.) (For final paycheck, please include: hourly rate, hours worked, and dates worked)

DO NOT WRITE BELOW THIS LINE - FOR DEPARTMENT USE ONLY

Department Action and Dates Taken:

Date Received:

By:

Title: